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ABSTRACT

Research on client characteristics is reviewed. The degree of disturbance, client expectations, social and economic attributes, race, sex, intellectual variables, and the nature of the presenting problem are all shown to interact with treatment method in determining the outcome of counseling. Several specific recommendations are made: (1) Behavior therapy is recommended for use with clients of low socioeconomic status and/or concrete thinking abilities. (2) Clients with limited social assets (education, jobs, attractiveness) might profit from attention to these areas first, before their intrapsychic problems are approached. (3) Therapy dependent on a lot of client talk is inappropriate for independent males and dependent females. A more structured approach is recommended for these clients, at least at the beginning of treatment, so that they will not defect before obtaining any benefits. (4) Therapists should treat different psychological disorders with different treatments. A catalogue of disorders and treatments is recommended. (Author)

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THE CLIENT: CHARACTERISTICS WHICH INFLUENCE TREATMENT

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Some Problems in Outcome Research

A substantial body of research on outcomes in psychotherapy has been accumulated. Eysenck's (1952) review and analysis of the literature has been most widely quoted; he indicated that improvement in the lives of clients in psychotherapy was no greater than the improvement of non-clients' lives. Rachman (1973) has supported Eysenck's contention, but only for non-behavioral therapies.

In an exhaustive recent review, Glass (1976) reported that psychotherapy is effective. After examining nearly 400 studies, he concluded that psychotherapy of all types, behavioral and non-behavioral, has produced movement in its clients .68 standard deviation beyond the movement of the control population, or from the 50th to the 75th percentile of the untreated population. Glass further stated that behavior therapy produced client improvement only .07 standard deviation further than the non-behavior therapies.

Glass' study compared means of samples treated with one or more psychotherapeutic approaches. Bergin (1967), however, has pointed out that studies which compare only the means of client and non-client samples neglect an important effect. The variability of client performance has increased substantially. In other words, something definitely happens to clients in psychotherapy that fails to show in comparisons of means: some clients get better and some get worse. Bergin (1971) has interpreted this to mean that different approaches may have either beneficial or harmful effects on clients,

and that what is needed is some sort of analysis describing exactly which method is appropriate for which client. The comparison of methods without a discussion of clients' presenting problems or of clients' characteristics, he said, is rather like discussing the general effect of medicine on sick people.

And just as sick people are quite dissimilar, "...patients coming to psychotherapy are almost surely quite heterogeneous--are actually much more different than they are alike" (Kiesler, 1966, p. 111). Yet individual psychotherapists tend to apply one, occasionally two or three, basic psychotherapeutic approaches to all of their clients. It is as if penicillin were given to all individuals with respiratory infections; those individuals suffering from pneumonia benefit, those with common colds are unaffected, and those allergic to penicillin experience adverse reactions even if they have pneumonia.

It is suggested that psychotherapists examine their clients more closely before selecting a treatment approach, and tailor the approach both to the client's disorder and to other personal characteristics of the client which might make the client either "immune" or "allergic" to the treatment. In order to do that, however, a therapist must be familiar with client characteristics that apparently influence treatment outcome.

Client Characteristics

Numerous articles and literature reviews have described favorable candidates for psychotherapy. In some cases, therapeutic method has

been described explicitly; in others, it has been implied. Client characteristics considered relevant to therapeutic outcome are described below.

Degree of Disturbance

Most investigators have reported that, "Initially sicker patients do not improve as much with psychotherapy as the initially healthier do" (Luborsky, Auerbach, Chandler, Cohen, & Bacharach, 1971, p. 149). Mintz (1972) has suggested that such findings are an artifact of therapist evaluation: most therapists evaluate change more positively at higher levels of adjustment. If such findings represent the actual change in clients with different degrees of disturbance, however, what is meant by "initially sicker" must be made clear. Truax and Carkhuff (1967) have stated that the degree of overt, behavioral disturbance (ratings of behavior in a psychiatric ward, arrests, grade averages, etc.) is inversely related to improvement, but the greater "felt disturbance" (as measured by self reports, inventories, standardized tests) is positively related to improvement. Auerbach, Luborsky, and Johnson (1972) likewise reported that anxiety and depression were considered favorable prognostic signs. Interestingly, these investigators have not evaluated behavioral strategies, which could conceivably be more effective with the overt, behavioral distrubances, and less effective with the felt disturbances.

Client Expectations for Therapy

Garfield (1971), in a review of client variables in psychotherapy, has described several studies showing that patients who

expected to improve did, in fact, improve. Furthermore, if clients expected that there would be a given number of interviews before treatment was terminated, therapy lasted about that length of time. Lazarus (1971) has suggested that if a therapist perceives that he or she is not meeting a client's expectations of what a therapist should be, even in personal appearance, that therapist should refer the client to someone whose personal characteristics match the client's expectations. Because client expectations are so important in the duration and outcome of therapy, some practitioners have suggested that therapists should attempt to shape client expectations by describing the probable course of therapy (Hoehn-Saric, Frank, Imber, Nash, Stone, & Battle, 1964) or by showing a videotape of therapeutic interaction (Truax & Carkhuff, 1967).

Social Attributes

Many investigators have reported that socioeconomic status is positively related to improvement in psychotherapy (Garfield, 1971; Goldstein & Stein, 1976; Magaro, 1969). Magaro has suggested that most hospital psychotherapy is appropriate for middleclass patients, who prosper in a milieu of social activities and simple decision-making tasks. He has recommended that lower-class patients receive a more structured therapy in a more authoritarian setting with less social activities. Likewise, Goldstein (1973) proposed a structured learning therapy for lower-class patients.

Goldstein and Stein (1976) have said that lower-class patients, in fact, do receive more directive, concrete, and brief treatment;

social class, in other words, is the basis for treatment decisions, but this has seldom been made explicit and tested systematically as an appropriate prescriptive approach.

Client attractiveness and likability have also been positively associated with therapeutic outcome (Garfield, 1971; Luborsky, Auerbach, Chandler, Cohen, & Bachrach, 1971). Attractiveness and likability, as perceived by therapists, however, might be a function of similarity to the therapist, and therefore, of middle-class status. That therapist tend to rate clients they like as more improved than others (Martin & Sterne, 1976) further confounds this variable.

Schneider (1975) has suggested that improvement of alcoholics in therapy and their avoidance of further hospitalization is really related to their life situations outside of the hospital setting, independent of personal characteristics. The client with the most social assets, in other words, has the best chance of maintaining a non-alcoholic status, regardless of therapeutic method.

Race

Race has been associated with willingness to disclose in psychotherapy. Whites have consistently manifested greater rates of self-disclosure than blacks, regardless of social class (Wolkon, Moriwaki, & Williams, 1973). This would suggest that therapeutic methods dependent on self-disclosure would be more effective with whites than with blacks. Wolkon et al also have shown that blacks are generally more dissatisfied with the treatment they receive, although black clients responded more favorably when they worked with black therapists.

Gardner (1971) has proposed that interracial therapy, i.e., black clients with white therapists and white clients with black therapists, can facilitate the development of transference, fantasies, and symbolic processes, all critical to psychoanalysis and some insight therapies. He pointed out, however, that the beneficial effects could only take place if the therapist had examined and put aside his or her tendencies towards racism. One might wonder whether racist therapists can judge their own abilities to set aside racism.

The issue of race of client and race of therapist is not resolved, however. Sue and Sue (1977) suggested that matching the race of the client and the counselor permits more effective communication because of language, culture, and class variables. A study by Woods and Zimmer (1976) indicated that race is not the most important variable in a counseling relationship.

Sex

There seems to be some disagreement about the relationship of sex to psychotherapeutic outcome. Many investigators have reported no differences in the degree to which males and females have improved in psychotherapy (Luborsky, Auerbach, Chandler, Cohen, & Bachrach, 1971). When differences have appeared, however, they have all shown women to benefit more than men (Garfield, 1971).

Sex apparently interacts with qualities of dependency or independency. In non-therapeutic interviews, Heller (1972) found that highly dependent males talked about themselves more than any other group, and highly independent males talked about themselves

least; the amount of female talk fell somewhere in between. Similarly, Heilbrun (1971) found that independent males tended to defect from therapy more frequently than dependent males, who presumably were more willing to talk. Dependent females, however, were more likely to defect than independent females, apparently because independent females could tolerate to a greater extent the lack of directiveness in initial therapy interviews. If independence is a desired outcome in therapy, and often it is, then females who remain in therapy are more likely to be rated as "successful" clients than males, when in fact, the females are already more independent at the outset.

Intellectual Variables

Client intelligence, as measured by IQ tests, has been positively correlated with improvement in psychotherapy (Garfield, 1971; Luborsky, Auerbach, Chandler, Cohen, & Bachrach, 1971). Student status (Rogers & Dymond, 1954) and high level of educational attainment (McNair, 1964), which are both positively correlated with IQ, also predict success in psychotherapy. Within a student population, however, Heller (1972) reported that highly creative individuals with low intelligence scores maintained the greatest verbal productivity during interviews. Most therapists would say that it is difficult to work with a client who fails to talk, and so verbal productivity might also be predictive of success. In that event, if low intelligence is paired with high creativity, the individual of low intelligence might also be successful in psychotherapy.

Additional cognitive variables have been related to therapeutic outcome and performance in the therapeutic interview. Clients judged to have a high capacity for discriminating between conceptual dimensions have tended to judge their therapy more successful than other clients have (Carr, 1974). Furthermore, even if their capacity to differentiate within conceptual dimensions was low, clients reported a higher rate of success in therapy when their capacity for differentiation within dimensions matched that of their therapists.

Neufeldt, Zimmer and Mayton (1977) have hypothesized that treatment interacts with cognitive level. Specifically, they proposed that concrete thinkers, in the Piaget sense, would be more likely to prosper in behavioral counseling, and formal thinkers in an insight mode. In single interviews with 81 clients, the interaction occured at a suggestive level of significance ($p < .07$). Neufeldt (in press) found in a subsequent study that students who indicated a preference for insight modes of counseling performed better on tests of formal thought than those who preferred behavior counseling.

Presenting Problems

The research on the benefits of specific methods for treating specific problems is rather scattered and unsystematic. Studies have compared the effects of two or more methods on a single disorder, but there has been little attempt to compare a variety of methods across a variety of disorders, which would more definitively illuminate the presence or absence of interaction between method and disorder. Goldstein and Stein (1976) have attempted to catalogue such existing studies by diagnosis; they have then drawn conclusions about the

appropriateness of certain treatments for certain disorders. They have concluded, for instance, that social anxiety and non-assertiveness have been most effectively treated by behavioral rehearsal, and that the psychodynamic method of logotherapy and the behavioral methods of desensitization and flooding were equally effective in treating obsessive-compulsive neuroses. In a similar attempt to prescribe treatment on the basis of diagnosis, Lazarus (1971) has said that behavior therapy is appropriate for specific phobias, readily described in behavioral terms, but inappropriate for more complex neuroses. Such isolated statements, however, must be supported by systematic studies of interaction.

Discussion and Summary

One would conclude from the studies described above that the effectiveness of psychotherapy is dependent upon the appropriateness of the match between client, therapist, and method. Ideally, psychotherapists of different races, sexes, socioeconomic origins, and intellectual abilities would work together in a group practice so that clients might be assigned to therapists in the group whose personal characteristics are predictive of success with those clients. Psychotherapists in this ideal group would each be able to utilize a variety of approaches, so that different treatments, designated as appropriate for particular clients, could be applied by the practitioners assigned to work with those clients.

Most psychotherapists do not work in such ideal arrangements. Furthermore, the research is still a bit sketchy. More research needs

to be done to determine exactly which therapists and which treatments work best with which clients. There is clearly a need for a large-scale, long-term, systematic study of interactions between clients, therapists, and treatments. Because this would be so expensive, most researchers in this area will continue to explore more limited aspect f this problem, but even limited exploration will help. Avenues which seem particularly promising are interactions between client socioeconomic status and treatment method, client race and therapist race, client cognitive ability and both counselor cognitive ability and treatment approach, and client diagnosis and method of treatment.

In the meantime, however, it makes sense for practicing psychotherapists to pay attention to the results of research done to date. Some suggestions grow naturally out of the studies described in this paper, as follows:

1. Behavior therapy is recommended for use with clients of low socioeconomic status and/or concrete thinking abilities.

2. Clients with limited social assets (education, jobs, even attractiveness) might profit from attention to these areas first, even before their intraphysic problems are approached.

3. Therapy dependent on a lot of client talk is inappropriate for independent males and dependent females. A more structured approach is recommended for these clients, at least at the beginning of treatment, so that they will not defect before obtaining any benefits. It is also possible that independent males are a threat to psychotherapists in some way; therapists need to examine whether they are unconsciously driving away independent males.

5. Therapists should treat different psychological disorders with different treatments. A rather thorough, carefully researched catalogue of disorders and appropriate treatments may be found in Goldstein and Stein's Prescriptive psychotherapies (1976).

It is hoped that this paper will encourage psychotherapists to examine their clients more carefully when planning a therapeutic strategy.

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